



Exam Absence due to Medical/Psychological Emergency: Treatment Provider Form

Exam Absence due to Medical Emergency:

Students who have completed sufficient work to complete a course but who become ill or injured just prior to or during the final exam period should have their treatment provider complete this form and submit to Student Care and Outreach staff via email to studentcare@elon.edu or fax to 336.278.4126. Student Care and Outreach staff will provide notice to the Assistant Provost for Communications and Operations. The assistant provost will notify instructors of the student's situation.

As soon as they are able, students should contact individual instructors to discuss arrangements for completing work/exams. In cases where the instructor is no longer employed at Elon after the end of the semester, the student should contact the department chairperson. The faculty member or department chairperson will determine options for rescheduling the examination at a later time. Other guidelines regarding exams may be found in the *Academic Catalogue*.

Student Name:	Elon University Student ID number or DOB:	
Provider Name:	License #:	State of Licensure:
Date of diagnosis of condition/symptoms:	Date of most recent appointment:	

Date(s) of recommended absence from exams:

In certain circumstances, Elon University may require additional information to excuse students from exams. If additional information is required, students will be asked to sign an appropriate release with their treatment provider.

Additional Comments (optional):

By signing where indicated below I verify, in my professional judgment, this student's medical condition/symptoms significantly impact their ability to complete their examination(s) on the dates noted above.

Signature: _____ Date: _____
Phone: _____ Fax: _____

Notes: